Date:

September 9, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

oplicant(s):	Ann	Marie	Schmidt,	et	al.
oplicant(s):	******	IMALIC	Denmirates	CC	ат.

Examiner: S. Kaushal 09/851,071 Serial No.

May 8, 2001 1636 Group Art Unit: Filed

A Method For Inhibiting Tumor Invasion Or Spreading For

In A Subject

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RA Small Entity	TE Other Entity		Small Entity	Other Entity
Total Claims	8 -	* 22 =	*** 0 _X	\$25	\$50	=	0	·
Indepen -dent Claims	1 -	** 3 =	*** 0 x	\$100	\$200	=	0	
Multiple For Firs	-	t Claim(s) Pr Yes X	esented _No	\$180	\$360	=	0	

TOTAL ADDITIONAL FEE

\$ 0.00

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

 $[\]star$ If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

^{**} If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

^{***} If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

7	
seriai No. :	09/851,071
Filed :	May 8, 2001
Amendment Tran Page 2	smittal Letter
The following	are also enclosed:
X One addi	tional copy of this Amendment Transmittal Letter
X Return R	eceipt Postcard
(Copies o	mation Disclosure Statement, including Form PTO-1449 of citations included: Yes No ee of \$ included)
	ion for an Extension of Time, including a fee of for a Petition for Month(s) Extension of Time
X Other (ic	dentify): Request for Continued Examination (RCE)
	DUE IS \$ 395.00
X A check	in the amount of \$ 395.00 is enclosed. arge Deposit Account No in the amount of
X A check: Please ch \$ X The Commi	in the amount of \$ 395.00 is enclosed. arge Deposit Account No in the amount of ssioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No
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